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Burgh of Coatbridge



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

# REPORT

of the

Medical Officer of Health

for the

Years 1941-1945.



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PUBLIC HEALTH DEPARTMENT,  
MAIN STREET,  
COATBRIDGE,

*August, 1946.*

*The Department of Health for Scotland, and  
The Provost, Magistrates and Councillors of the  
Burgh of Coatbridge.*

GENTLEMEN,

I have the honour to submit for your consideration my Report  
on the Health of the Burgh of Coatbridge for the years 1941-1945.

I am, Gentlemen,

Your obedient servant,

ROBERT CORDINER,  
*Medical Officer of Health.*

## INTRODUCTION.

One of the outstanding features of the War was the rapidity with which medical and scientific discoveries became practically adapted to meet the needs of the nation. In war human life is very precious, and any discovery which is likely to save life or shorten incapacity is encouraged and developed by the government. There is no doubt that in peace, penicillin would have been added to the armamentarium of medicine, that the old methods of blood transfusion would have been superseded by new ones, but their rate of development would have been very much slower. The value of a human life should not vary with conditions, yet it is only in war that we find a motive sufficiently powerful to compel governments to recognise the need for giving strong financial assistance towards the promotion of discoveries likely to improve health or alleviate suffering. The national well-being is just as important in peace as it is in war, and governments in time of peace must be prepared to encourage new ideas and foster research in medical problems to a much greater extent than has been done in the past.

The effect of the impact of the war on the Burgh must be viewed against a background of its economic and sociological structure. This area, dependent for its livelihood on the heavy industries and subject to its severe depressions, was in the years preceding the war, very poor. A large proportion of the families fell within the lower income groups, lived under overcrowded conditions in bad houses and were subject to high mortality rates. The war aggravated the bad conditions under which people were living, lengthened working hours, but in spite of this, mortality rates (except that of tuberculosis) fell.

It is perhaps unscientific, in the absence of a controlled investigation to explain this improvement in the health of the people, but one feels convinced that it has been due entirely to the better financial status of the working class family. From the experience of the maternity and child welfare clinics over the last ten years, it has been most heartening to see the steady fall which has occurred in the numbers of ill-nourished and poorly clad mothers and children since the outbreak of war. Many families in Coatbridge were able to buy for the first time, butter and vegetables, necessities which they could not afford during peace. If this improvement in health is to be maintained the present income level of the poorer classes of the community must not fall below its present ratio to price levels.

The Burgh was scheduled as a neutral area for Civil Defence purposes and therefore did not experience the problems of billeting and evacuation on a large scale. During the Clydeside air-raids, approximately 2500 evacuated persons were received and billeted in the Burgh. Their presence did not give rise to any serious problem.

Due to the absence of bombing, shelters were seldom used.

## VITAL STATISTICS.

The following tables based on the Registrar General's returns give an indication of the trend in vital statistics during 1941-1945.

| YEAR | Estimated<br>Civilian Population. | Density of<br>Population. | Natural<br>Increase. |
|------|-----------------------------------|---------------------------|----------------------|
| 1941 | 43,800                            | 14.2 (per acre)           | 420                  |
| 1942 | 42,900                            | 13.9    "                 | 448                  |
| 1943 | 42,070                            | 13.7    "                 | 539                  |
| 1944 | 42,202                            | 13.7    "                 | 503                  |
| 1945 | 42,397                            | 13.8    "                 | 378                  |

## BIRTHS.

The table below shows the trend in birth rates for 1941-1945. The increased rate which appeared during the war was not maintained in 1945. An unpleasant feature is the steady rise in the number of illegitimate births. The social problems arising from the war probably account for this trend and it is hoped that the return to normal home relationships will eventually produce a fall in this rate.

| YEAR | Live Births. | Male. | Female. | Illegitimate. | Rate per 1000<br>of population. | Illeg. Rate<br>per 100<br>Live Births. |
|------|--------------|-------|---------|---------------|---------------------------------|--|
| 1941 | 1024         | 548   | 476     | 28            | 22.0                            | 2.7                                    |
| 1942 | 976          | 491   | 485     | 40            | 21.0                            | 4.1                                    |
| 1943 | 1082         | 552   | 530     | 46            | 23.3                            | 4.3                                    |
| 1944 | 1005         | 508   | 497     | 45            | 21.4                            | 4.5                                    |
| 1945 | 896          | 453   | 443     | 47            | 19.1                            | 5.2                                    |

## STILL-BIRTHS.

The following tables show the numbers and probable causes of still-births occurring during the period under review. The second table refers only to those registered locally.

| YEAR | No. of Still-Births. |  |  |  | Rate per 1000 of Total Births. |  |  |  |  |
|------|----------------------|--|--|--|--------------------------------|--|--|--|--|
| 1941 | 50                   |  |  |  | 47                             |  |  |  |  |
| 1942 | 39                   |  |  |  | 38                             |  |  |  |  |
| 1943 | 39                   |  |  |  | 35                             |  |  |  |  |
| 1944 | 33                   |  |  |  | 32                             |  |  |  |  |
| 1945 | 41                   |  |  |  | 44                             |  |  |  |  |

  

| PROBABLE CAUSES         |     |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|-------------------------|-----|-----|-----|-----|------|------|------|------|------|
| Pressure on Cord        | ... | ... | ... | ... | 6    | 4    | 2    | 4    | 3    |
| Prematurity             | ... | ... | ... | ... | 7    | 2    | 6    | 1    | 2    |
| Maecrated foetus        | ... | ... | ... | ... | 6    | 2    | 2    | 0    | 3    |
| Malformation of foetus  | ... | ... | ... | ... | 7    | 4    | 4    | 3    | 0    |
| Complications of Labour | ... | ... | ... | ... | 4    | 7    | 5    | 7    | 3    |
| Unknown                 | ... | ... | ... | ... | 0    | 5    | 3    | 2    | 2    |
| Other causes            | ... | ... | ... | ... | 5    | 3    | 3    | 1    | 1    |
| Totals                  | ... | ... | ... | ... | 35   | 27   | 25   | 18   | 14   |

## DEATHS.

| YEAR | No. of Deaths | Rate per 1000 of Population | No over 65 | No. under 5 years |
|------|---------------|-----------------------------|------------|-------------------|
| 1941 | 604           | 15.6                        | 248        | 127               |
| 1942 | 528           | 13.9                        | 224        | 90                |
| 1943 | 543           | 14.5                        | 234        | 92                |
| 1944 | 502           | 13.4                        | 221        | 78                |
| 1945 | 518           | 13.8                        | 225        | 70                |

  

| Deaths over 65 years expressed as % of total Deaths. |      | Deaths under 5 years expressed as a % of total Deaths. |  |
|--|------|--|--|
| 1941   | 41.6 | 21.0   |  |
| 1942   | 42.4 | 17.0   |  |
| 1943   | 43.1 | 16.9   |  |
| 1944   | 43.9 | 15.5   |  |
| 1945   | 43.4 | 13.5   |  |

The increasing percentages of deaths of persons over 65 years reflects the ageing of the population. The decreasing percentage of deaths of children under five years of age is due to the lower birth-rate coupled with a lower mortality rate in that age group.

TABLE SHOWING THE MAIN CAUSES OF DEATH.

|                        |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|------------------------|-----|-----|------|------|------|------|------|
| Pulmonary Tuberculosis | ... | ... | 38   | 33   | 28   | 27   | 30   |
| Malignant Disease      | ... | ... | 59   | 66   | 62   | 55   | 71   |
| Cerebral Haemorrhage   | ... | ... | 52   | 34   | 48   | 37   | 51   |
| Heart Disease          | ... | ... | 131  | 117  | 121  | 121  | 135  |
| Bronchitis             | ... | ... | 36   | 27   | 33   | 30   | 23   |
| Pneumonia              | ... | ... | 36   | 28   | 40   | 18   | 16   |
| Old Age                | ... | ... | 23   | 23   | 17   | 21   | 26   |

## MATERNAL MORTALITY.

The maternal mortality rates are below those for the pre-war years. This improvement is probably due to the better nutritional state of the expectant mother.

| YEAR | No. of Deaths. | Rate per 1000 Births. |
|------|----------------|-----------------------|
| 1941 | 2              | 1.86                  |
| 1942 | 4              | 3.94                  |
| 1943 | 4              | 3.57                  |
| 1944 | 5              | 4.81                  |
| 1945 | 1              | 1.07                  |

TABLE SHOWING NUMBER AND PRINCIPAL CAUSES OF DEATH IN CHILDREN BETWEEN ONE AND FIVE YEARS.

|                |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|----------------|-----|-----|-----|------|------|------|------|------|
| Whooping Cough | ... | ... | ... | 9    | 1    | 3    | 3    | 1    |
| Tuberculosis   | ... | ... | ... | 2    | 1    | 1    | 1    | 3    |
| Diphtheria     | ... | ... | ... | 3    | 1    | 1    | 1    | 0    |
| Pneumonia      | ... | ... | ... | 3    | 0    | 5    | 1    | 0    |
| Measles        | ... | ... | ... | 0    | 1    | 0    | 0    | 1    |
| Other Diseases | ... | ... | ... | 10   | 11   | 4    | 3    | 5    |
| Totals         | ... | ... | ... | 27   | 15   | 14   | 9    | 10   |

## DEATHS OF CHILDREN UNDER ONE YEAR.

| YEAR | Number of Deaths. | Rate per 1000 Live Births. |
|------|-------------------|----------------------------|
| 1941 | 100               | 98                         |
| 1942 | 75                | 77                         |
| 1943 | 98                | 72                         |
| 1944 | 69                | 69                         |
| 1945 | 60                | 67                         |



The principal causes of death in these children were :—

|                   |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|-------------------|-----|-----|------|------|------|------|------|
| Whooping Cough    | ... | ... | 12   | 0    | 3    | 2    | 0    |
| Bronchitis        | ... | ... | 6    | 1    | 5    | 1    | 2    |
| Pneumonia         | ... | ... | 21   | 16   | 21   | 9    | 10   |
| Diarrhoea         | ... | ... | 14   | 11   | 6    | 12   | 9    |
| Congenital Causes | ... | ... | 38   | 37   | 34   | 31   | 28   |

It is most encouraging to see the steady improvement in the infant mortality rate especially during years of war. It is significant that the factor which is most likely to have led to this improvement is increased family income. The analysis of the causes of these deaths show that many might still be prevented, especially if such cases could be admitted to hospital. Until there is an adequate number of hospital beds for children it is unlikely that there will be further improvement in the infant mortality rate.

## MATERNITY SERVICES.

The Maternity Services Scheme continued to operate smoothly. Owing to the shortage of midwives, two midwives who had retired optionally on compensation under Sec. 4 of the Maternity Services (Scotland) Act, 1937, were reinstated in 1942 under Regulation 33 of the Defence Regulations, 1939.

No full-time midwives are employed. The number of midwives accepting service under the scheme during the period under review was as follows.

|                    |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|--------------------|-----|-----|------|------|------|------|------|
| Number of Midwives | ... | ... | 8    | 6    | 7    | 7    | 8    |

The numbers of cases under the Scheme were as follows :—

| 1941 | 1942 | 1943 | 1944 | 1945 |
|------|------|------|------|------|
| 540  | 608  | 596  | 558  | 565  |

The services of a consultant were obtained in the following number of cases :—

| 1941 | 1942 | 1943 | 1944 | 1945 |
|------|------|------|------|------|
| 12   | 10   | 13   | 17   | 28   |

The number of midwives who gave notice of intention to practise was :—

| 1941 | 1942 | 1943 | 1944 | 1945 |
|------|------|------|------|------|
| 9    | 9    | 10   | 10   | 10   |

Medical Practitioners are still being called for emergencies in a considerable proportion of confinements occurring outwith the Maternity Services Scheme. Most of these emergency calls are in respect of cases confined in hospital. The following table shows the nature of these emergencies.

| EMERGENCY CASES         |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|-------------------------|-----|-----|-----|------|------|------|------|------|
| Adherent placenta       | ... | ... | ... | 4    | 3    | 2    | 3    | 2    |
| Antepartum haemorrhage  | ... | ... | ... | 1    | 0    | 0    | 1    | 1    |
| Delayed Labour          | ... | ... | ... | 28   | 13   | 24   | 19   | 5    |
| Illness of baby         | ... | ... | ... | 1    | 0    | 5    | 0    | 0    |
| Illness of mother       | ... | ... | ... | 4    | 3    | 3    | 4    | 1    |
| Malpresentation         | ... | ... | ... | 4    | 4    | 2    | 2    | 1    |
| Post Partum haemorrhage | ... | ... | ... | 3    | 1    | 1    | 1    | 0    |
| Premature labour        | ... | ... | ... | 0    | 0    | 0    | 1    | 9    |
| Prolapsed cord          | ... | ... | ... | 1    | 0    | 0    | 2    | 0    |
| Ruptured perineum       | ... | ... | ... | 77   | 64   | 99   | 72   | 57   |
| Still-birth             | ... | ... | ... | 1    | 0    | 0    | 0    | 0    |
| Twin delivery           | ... | ... | ... | 2    | 0    | 0    | 0    | 0    |
| Uterine inertia         | ... | ... | ... | 3    | 1    | 1    | 0    | 0    |
| Totals                  | ... | ... | ... | 129  | 89   | 137  | 105  | 76   |

There was no change in the Hospital accommodation, cases being admitted to the Coatbridge and Airdrie Maternity Hospital (24 beds). Owing to the shortage of nursing and domestic staff, it was necessary on several occasions to limit the bookings to 34 per month. Cases unable to reserve a bed in the Hospital were offered accommodation in the Department of Health Emergency Maternity Hospitals at Airthrie Castle, Bridge of Allan and King's Meadows, Peebles. Expectant mothers were at first reluctant to travel so far from home but through time these two hospitals became popular. The mothers, by experience, soon realised the benefits of a period of ante-natal rest in quiet surroundings. The extra expenditure incurred for the maintenance and treatment was borne in full by the local authority. Expectant mothers requiring ante-natal treatment and cases of emergency which could not be accommodated locally were sent to Glasgow Maternity and Women's Hospital.

In 1942, intimation was received from the Lanark County Council that they would require to terminate the arrangements under which cases of abortions and miscarriages occurring in the Burgh were admitted to their institutions. Arrangements were made with the Glasgow Maternity Hospital, who agreed to admit cases of non-septic abortion. Septic abortion cases are now sent to Glasgow Corporation Hospitals. Although these arrangements have so far worked satisfactorily, I do not feel happy about them as admission depends on beds being available. One is always faced with the possibility of being unable to find accommodation for a case.

The following table shows admissions, discharges, etc., for Coatbridge and Airdrie Maternity Hospital during the period.

| YEAR | Total Admissions |     | Ante-natal Cases. |     | No. of Infants Born |     | Maternal Deaths |     | Deaths of Infants under 8 days |     |
|------|------------------|-----|-------------------|-----|---------------------|-----|-----------------|-----|--------------------------------|-----|
|      | (A)              | (C) | (A)               | (C) | (A)                 | (C) | (A)             | (C) | (A)                            | (C) |
| 1941 | 189              | 289 | 14                | 20  | 173                 | 274 | 3               | 1   | 4                              | 6   |
| 1942 | 186              | 278 | 12                | 15  | 173                 | 263 | 1               | 1   | 6                              | 6   |
| 1943 | 177              | 314 | 17                | 25  | 166                 | 301 | 0               | 0   | 4                              | 9   |
| 1944 | 161              | 331 | 10                | 25  | 155                 | 310 | 1               | 2   | 3                              | 4   |
| 1945 | 160              | 256 | 12                | 15  | 152                 | 241 | 0               | 1   | 4                              | 3   |

(A)—Airdrie Cases.

(C)—Coatbridge Cases.

## ANTE-NATAL AND POST-NATAL CLINICS.

The attendances at these clinics have been much smaller since the introduction of the Maternity Services Scheme. The majority of the cases seen are those booked for hospital, but who have not engaged a doctor to attend to the birth.

|                       |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|-----------------------|-----|------|------|------|------|------|
| Number of Attendances | ... | 214  | 227  | 256  | 247  | 261  |

## INFANT WELFARE.

Attendances at the Child Welfare Clinics also fell during the war. This was partly due to the temporary transfer of the work to Coathill Hospital, which is situated on the outskirts of the Burgh and less accessible. The main cause of the fall has been the reduction in the number of families qualifying for free issues of food and milk. In pre-war years such issues were conditional on attendance at the welfare clinics. The smaller numbers allowed more time per case, an obvious advantage. The tendency for the public to regard these clinics as treatment centres is growing, particularly for intractable skin diseases in young children. The fact that the Education Authority's minor ailment clinic is held in the same premises probably accounts for this.

## ATTENDANCES AT CLINICS.

|                   |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|-------------------|-----|-----|------|------|------|------|------|
| First Attendances | ... | ... | 350  | 199  | 435  | 199  | 212  |
| Re-visits         | ... | ... | 793  | 1141 | 1081 | 1141 | 1142 |

The staff of three Health Visitors remains as in former years. Their work has increased considerably as the result of the building of new houses and will with the expansion of the building programme continue to increase. Home visitation in a modern housing scheme is very much slower than in old tenements. If the amount of home visitation which is being undertaken at present is to be maintained in the future, additional staff will be required.

|  | 1941 | 1942 | 1943 | 1944 | 1945 |
|--|------|------|------|------|------|
| Number of home visits by Health<br>Visitors      ...      ...      ... | 6178 | 6322 | 6637 | 5775 | 6078 |

## NURSERIES.

The first war-time nursery in Coatbridge was opened in adapted premises in the Junior Instruction Centre, Main Street, on 31st January, 1942. Accommodation was provided for 50 children. The site was on the main bus and tramway routes and close to a large factory employing a proportion of female labour. In a few weeks the nursery was full and had a large waiting list. To meet the demand a second nursery to accommodate forty children was built at Wallace Street and was opened on 31st May, 1943. In a short time it also had a long waiting list.

Both nurseries remained fully occupied throughout the war, notwithstanding that admission was conditional on the mothers being employed on war work and that consent was given to allow the children to receive protective inoculation against diphtheria. The children remained remarkably free from infection, a fact which allayed our apprehensions. The children improved in health and vitality with their balanced diet, adequate rest and abundance of fresh air. So long as children cannot obtain these conditions in their homes, the need for nurseries will remain.

## INFECTIOUS DISEASES.

The incidence of infectious diseases remained much the same as in pre-war years. The practice of exchanging information regarding the weekly bed state of the isolation hospitals between the Lanarkshire Authorities and Glasgow Corporation was very helpful and many Glasgow cases were accommodated in the Burgh's Isolation Hospital.

The following table shows the number of cases of infectious disease notified in the Burgh during 1941-1945.

|                            |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|----------------------------|-----|-----|------|------|------|------|------|
| Cerebro-spinal fever       | ... | ... | 11   | 8    | 5    | 4    | 8    |
| Diphtheria                 | ... | ... | 83   | 84   | 81   | 61   | 70   |
| Dysentery                  | ... | ... | 1    | 1    | 3    | 4    | 1    |
| Erysipelas                 | ... | ... | 46   | 37   | 29   | 42   | 32   |
| Acute Infective Jaundice   | ... | ... | 1    | 0    | 0    | 0    | 0    |
| Ophthalmia Neonatorum      | ... | ... | 6    | 6    | 3    | 3    | 3    |
| Acute Influenzal Pneumonia | ... | ... | 27   | 16   | 39   | 12   | 26   |
| Acute Primary Pneumonia    | ... | ... | 81   | 96   | 66   | 89   | 62   |
| Acute Poliomyelitis        | ... | ... | 1    | 1    | 0    | 0    | 0    |
| Puerperal Fever            | ... | ... | 6    | 10   | 5    | 7    | 3    |
| Puerperal Pyrexia          | ... | ... | 6    | 10   | 5    | 2    | 2    |
| Scarlet Fever              | ... | ... | 52   | 198  | 288  | 138  | 187  |
| Tuberculosis Pulmonary     | ... | ... | 53   | 69   | 72   | 58   | 63   |
| Tuberculosis Non-pulmonary | ... | ... | 21   | 23   | 20   | 33   | 23   |
| Paratyphoid B. Fever       | ... | ... | 6    | 3    | 0    | 2    | 0    |
| Typhoid Fever              | ... | ... | 0    | 0    | 11   | 2    | 1    |
|                            |     |     | 401  | 562  | 627  | 457  | 481  |

Each summer for several years past we have been visited by epidemics of 'enteritis' affecting persons of all ages. The illness, usually of two or three days' duration, is marked by the absence in most cases of severe constitutional disturbance. In a small percentage of cases *B. dysenteriae* (Sonne) was recovered from the stools, but in the outbreak of the summer of 1945 no dysentery organism was recovered.

## DIPHTHERIA IMMUNISATION.

Protective immunisation against diphtheria has always been offered at the child welfare clinics but only since 1940 has it been carried out on an appreciable scale. The result of propaganda while increasing the numbers seeking protection was insufficient to produce the numbers necessary to give a highly immunised community. An excellent response was obtained by door to door canvassing and offering to immunise children at home. This method was later abandoned through lack of staff. The number of persons immunised up to the end of 1945 was 12,577. Since the campaign was started in 1940 there have been 10 deaths from diphtheria, all of them in children who had not received protective inoculation. There were no deaths from diphtheria during 1945.



## COATHILL INFECTIOUS DISEASES AND TUBERCULOSIS HOSPITAL.

The chief problems in the administration of the hospital were due to the shortage of nursing and domestic staff and an increased demand for admission for cases of a type not normally accommodated *e.g.* bronchitis, congestive heart failure, etc. The war reduced the numbers of helpers of the sick at home, and the tendency of the general practitioners to broaden their diagnosis of pneumonia increased. The medical superintendent's first reaction to this practice is one of resentment against the general practitioner but on thoughtful consideration he realises that it is often the practitioner's only solution to the very pressing problem of nursing the sick in overcrowded conditions or in the absence of help in the home. So long as accommodation is available in the I.D. Hospital non-infectious cases are admitted. I suggest that to help meet this problem, the Council should re-consider the question of the establishment of a Home Help Scheme. The table below shows the admissions to hospital for 1941-45.

|                        |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|------------------------|-----|-----|-----|------|------|------|------|------|
| Pulmonary Tuberculosis | ... |     |     | 39   | 29   | 30   | 21   | 17   |
| Scarlet Fever          | ... | ... | ... | 52   | 200  | 270  | 152  | 184  |
| Diphtheria             | ... | ... | ... | 82   | 78   | 74   | 60   | 68   |
| Pneumonia              | ... | ... | ... | 77   | 78   | 68   | 78   | 73   |
| Erysipelas             | ... | ... | ... | 13   | 13   | 12   | 13   | 17   |
| Meningitis (all forms) | ... | ... | ... | 13   | 7    | 6    | 5    | 6    |
| Enteric Fevers         | ... | ... | ... | 6    | 1    | 11   | 3    | 1    |
| Other Diseases         | ... | ... | ... | 11   | 40   | 29   | 28   | 27   |
| Totals                 | ... | ... | ... | 293  | 446  | 500  | 360  | 393  |

## INFESTATION.

There was evidence that the number of cases of infestation was declining towards the end of the period. This trend was observed not only in children attending at the welfare clinics but also among the patients admitted to the infectious diseases hospital. The need for institutional accommodation for infested families living under bad social conditions has long been felt, but in spite of this want outpatient treatment has proved satisfactory in many cases.

There has been an increase in the incidence of ringworm of the body and scalp among children under five years of age. Cases of ringworm of the scalp are treated at the outpatient departments of the Glasgow voluntary hospitals.

## MOSQUITOS.

In August, 1944, numerous complaints were received by the Department from people who had been bitten on face, arms, or legs by winged insects. The west end districts of the town were most affected. It was known that mosquitos which feed on human blood had been prevalent in Drumpellier Park (situated to the west of the town) for many years, but no complaints had been received prior to the date mentioned. The lesions caused by the bites varied from small itchy papules to large indurated and inflamed areas of skin surrounding a central puncture. Blistering was a common complication in the latter type.

Specimens of water containing mosquito larvae were obtained from the Monkland Canal, Drumpellier Park, and the sludge beds at the sewage works. The mosquitos which were hatched out were sent to the Imperial Institute of Entomology, British Museum, London, where they were identified. The mosquito causing the nuisance was found to be *Taeniorhyncus richardii*.

I am greatly indebted to the staff of the Institute for their co-operation and kindness in supplying me with technical details of its habits.

This mosquito is well known, and locally common in many parts of England and Ireland, but has not previously been recorded in Scotland. It has been noted by Shute that this mosquito is likely to enter bedrooms during dark and to depart before dawn. It is one of the most easily recognised mosquitos of this country owing to the yellowish rings on the tarsi, one of the rings lying at the middle of the first hind tarsal joint, and the unusually broad wing scales, which are partly pale and partly dark, and give the wing a somewhat mottled appearance. Biologically the species is very remarkable on account of the breathing habits of the larvae and pupae which do not come to the surface for breathing but obtain air from submerged parts of water plants.

All the breeding areas were sprayed with paraffin, but in view of the breathing habits of the larvae and pupae, this measure is of doubtful value. The only satisfactory method would appear to be drainage of the offending areas and to cut all vegetation having submerged parts.

A supply of D.D.T. for experimental use was obtained in the late autumn of 1945, but as the main breeding period had passed, it was not used.

## VENEREAL DISEASES.

The joint County and Burghs Scheme continues to operate satisfactorily. New cases of venereal disease occurring in the Burgh were as follows.

|        |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|--------|-----|-----|-----|------|------|------|------|------|
| Male   | ... | ... | ... | 59   | 48   | 61   | 66   | 43   |
| Female |     | ... | ... | 34   | 21   | 30   | 15   | 18   |

## TUBERCULOSIS.

The following table shows the number of cases notified as suffering from tuberculosis and the death rates from that disease during 1941-45.

|                                 |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|---------------------------------|-----|------|------|------|------|------|
| Cases of Pulmonary Tuberculosis |     | 53   | 69   | 72   | 78   | 63   |
| „ Non-pulmonary                 | „   | 21   | 23   | 20   | 33   | 23   |
| Death Rate all forms            | ... | 0.80 | 0.95 | 0.76 | 0.90 | 0.94 |
| Death Rate Respiratory System   |     | 0.60 | 0.77 | 0.67 | 0.64 | 0.71 |

The rise in the number of notifications had been due to an increase in the prevalence of the disease. Since 1943, however, the mass radiography scheme and the more thorough investigation of children with positive tuberculin tests, has led to the notification of cases which formerly would have passed unrecognised.

The main problem is the lack of beds for pulmonary cases which darkens the prospect of recovery for many cases. The reluctance of nurses to devote the whole of their working time to the nursing of cases of pulmonary tuberculosis must be recognised in the approach to the problem. The solution would appear to lie in the provision of beds for pulmonary cases in infectious diseases hospitals.

The tuberculosis allowance scheme has worked satisfactorily since its inception in July, 1943. Up to 15th May, 1945, the sum of £7524 11s. 9d. has been paid to applicants under the Scheme.



## OLD MONKLAND HOME.

During the war the female patients and inmates were evacuated to Thrashbush Home, Airdrie, and the beds released were used for the reception of mental cases from other areas. The male hospital pavilion functioned as usual and the following table refers only to it.

|            |     |     |     | 1941 | 1942 | 1943 | 1944 | 1945 |
|------------|-----|-----|-----|------|------|------|------|------|
| Admissions | ... | ... | ... | 151  | 90   | 99   | 70   | 83   |
| Discharges | ... | ... | ... | 131  | 58   | 56   | 40   | 38   |
| Deaths     | ... | ... | ... | 45   | 36   | 39   | 39   | 38   |





